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GOSPEL CENTERED COUNSELING

Howard Wagstaff*

A gospel approach to counseling affords the religiously oriented practitioner spiritual power to guide clients in resolving mortal impairments curtailing spiritual growth. In this regard, the counselor’s ability to facilitate change in others, particularly those encumbered with sin, is dependent on the counselor’s adherence to spiritual truths. As he complies with eternal principles, the counselor is thus able to exercise his spirituality in behalf of clients, calling upon the Father through prayer and fasting for divine guidance in treating the distressed. In this manner, as an intermediary between the client and the Father, the counselor acts by guiding the client through example and teaching to the ultimate source of mental peace—the Father.

A further value of gospel counseling, one germane to the effectiveness of the treatment process, centers on the counselor’s apprehending his personal worth to the Father. From this acquired perspective, the counselor comes to an understanding of the ultimate worth of clients, regardless of their presenting problems. In this manner the counselor acquires the Christian attitude, based upon his shared brotherhood with clients, the essence of which is conveyed as unconditional brotherly love to the client. Further, in the client-counselor relationship, founded on such love, the client is exposed in mortality to the potential relationship extended by the Father to His spirit offsprings. Hence, through the counseling relationship, as the client experiences unconditional acceptance, he can be guided to an awareness of his worth to the Father.

In addition to assisting the client to grasp his eternal worth, an awareness transcending the effects of traditional counseling techniques, the spiritual counselor, also, relies on the impact of the Spirit to assist the client’s efforts to change. Accordingly, given therapeutic techniques are employed not as primary modes to facilitate change, but as ancillary means in support of the Spirit’s influence. In this way, the counselor’s role is not that of the primary change agent; rather he guides the client to seek the Spirit, which is the source from which strength for change is derived. Thus, the counselor’s position in the therapeutic process is in contradistinction to that of some traditional therapeutic views such that he assumes a supportive role through guiding and teaching the client. Further, as an adjunct to this role, the counselor, in agreement with the client, can request assistance from spiritual leaders, such as a client’s father or bishop. These individuals could exercise their priesthood in behalf of the client through special blessings, as well as act as additional resources to support and enhance spiritual development. For example, a client could be directed to review in depth with his bishop those conditions of mortal behavior necessitating repentance. Also, under the direction of the counselor, a client’s father as well as other family members could be given special assignments to assist the client’s efforts to change. The request of daily prayer with the client could be made of the father, while given family members could be enlisted to study and discuss the significance of scriptural passages with the client.

Of further value in spiritual counseling is the reliance on and use of Holy Writ as well as other scriptural materials. Through pondering the meaning of selected passages, the client becomes tutored in eternal principles. As he grasps the significance of selected scripture, the client can be moved to solicit the intervention of the Spirit in his life. Further, under guidance of scriptural directions, even in the absence of the counselor’s influence, the client could be assisted to initiate change.

Several factors can be viewed as potentially limiting the effectiveness of gospel centered counseling, including singular reliance on the spiritual approach to treat all problems, as well as the client being overly dependent on the counselor’s directives. In the first instance, by viewing client’s problems only in light of religious orientation, the counselor could become insensitive to other etiological factors such as biological determinants of maladaptive behavior. Hence, for individuals evidencing signs of an endogenous malady, i.e. psychotic depression or schizophrenia, application of spiritual counseling techniques only could exacerbate manifest symptoms. In the case of depression, for example, reviewing the nature and results of sin could intensify the depressed client’s sense of personal worthlessness, thus increasing his sense of futility in regaining emotional well being. Similarly, as such an individual applies suggested techniques, including daily prayer, recurrent fasting and pondering selected scriptures, he could develop a cognitive rationale to cope with depression. However, being able to intellectually deal with the depression may lead to an ultimate doubting of those spiritual directions given by the counselor; that is, as the debilitating affectual component of depression remains unresolved, the client could become unresponsive to the counselor, thus doubting his adequacy to assist in relieving distress. Similarly, the client, through developed doubt concomitant with a continued depressive affect, could reject involvement in religion as a means of achieving purpose in life.

For individuals manifesting severe disorganization of thought process as seen in acute schizophrenia, the sole reliance on spiritual counseling (like any other verbal therapy) could have little impact in facilitating

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†In this paper the male pronoun is used to refer to both men and women.

continued on page 35
therapeutic change. Hence, because of such individual's distortion of reality, as well as disorganized stream of thought, application of "talk therapy" would probably have little effect in rendering the disturbed client responsive to spiritual influences.

In regards to the client's over reliance on the directives of the spiritual counselor, such a condition could ultimately curtail the client from assuming responsibility for his own spiritual growth. Thus, as the client experienced relief from emotional distress through the guidance of the counselor, the client could come to the belief that his change was solely attributable to the counselor's influence. In such a belief, the client could become overly dependent on the spiritual guidance of the counselor, thus failing to come to the ultimate source of guidance -- that is, reliance on the Lord. Also, through his dependency on the counselor, the client could fail to apprehend his own capabilities to solicit inspiration.

To maintain the effectiveness of spiritual counseling, it would be necessary that the counselor be sensitive to his limitations in treating all forms of emotional distress. Thus, in seeking to establish which of the varied techniques would best suit a given client, the counselor could seek inspiration in prayer and fasting to assist in guiding his choice. In this regard, the counselor recognizes the Father's more encompassing understanding of the client and through the direction of the spirit, the counselor can thus guide the client in tune with heavenly promptings. Furthermore, under the guidance of inspiration, selected counseling techniques could act as adjunctive procedures to assist the client in achieving spiritual stability.

For clients manifesting extreme thought disorganization, under the spirit's direction the counselor could work with a medical doctor for drug treatment. Once coherence of thought processes or stability of mood was achieved through drug use, then involvement in spiritual counseling could follow. The intent for such involvement would center on assisting the client to become reliant on his own spiritual capabilities. Thus, like the use of insulin by the diabetic to maintain physical health, the adoption of drugs in treating the grossly disturbed would be undertaken as a supportive measure to spiritual counseling. In this regard, drugs would not be employed to make the client dependent on a pharmacological agent, but rather to negate those physically debilitating forces rendering the client less responsive to spiritual influences. Accordingly, in concert with the counselor's intent to assist the client in resolving distress, drug use would be adopted to aid the client's efforts to achieve self reliance, as well as spiritual growth.

continued from page 15

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